



Washtenaw County Public Health H1N1 Survey Results

September 2010



“I am sure that it is difficult to deal with something like H1N1. If you aren’t successful, people will be upset that you didn’t do more to get people vaccinated. If you are successful, people just assume that nothing would have happened anyway and it was just sensationalism...” – Survey Respondent

Background



- **April 2009 – The first cases of a novel flu strain (H1N1 or “swine flu”) are detected in the U.S.**
- **Fall 2009 – Rates of illness from flu-like illness hit historic highs when school resumes. The only strain detected is the new H1N1.**
- **October 2009 – A vaccine is produced. Limited quantities become available to high-risk groups.**

Washtenaw County Public Health



- **Public Health emergency response actions:**
 - Monitor rates of illness
 - Provide guidance on testing and treatment to health care providers
 - Disseminate information on prevention and recognizing symptoms to the public
 - Receive and distribute vaccine, once available
 - Respond to questions and concerns from the community

H1N1 Survey



Goal: To gather community input regarding the local H1N1 response. Assess whether residents received:

- 1) local information
- 2) vaccination (if desired)

Methods: Online survey using Zoomerang. Promoted via web, email and social media. Paper surveys offered at community locations. Incentives for completion of survey.

H1N1 Survey, cont.



- Open to persons who live, work or go to school in Washtenaw County
- Available in both English and Spanish
- Community organizations across County invited to offer paper surveys at their facilities
- 910 individual respondents and 34 organizational respondents completed survey between February and June 2010

Please note: Survey respondents participated voluntarily and were not randomly selected. Results cannot necessarily be generalized and may not reflect the views of Washtenaw County Public Health.

Survey Sites



- Adventure Center Childcare, Ypsilanti
- Bryant Community Center, Ann Arbor
- Chidester Place Apartments, Ypsilanti
- Delonis Center, Shelter Association of Washtenaw County
- ETCS Career Transition Workshop Orientation, Ypsilanti
- Foster Grandparents Program, Washtenaw County
- Head Start, Ypsilanti
- Hope Health Clinic, Ypsilanti
- Lincoln Senior Center, Ypsilanti
- Milan Senior Center, Milan
- MSU Extension ServSafe Class, Ann Arbor
- Public Health Adult Health Clinic, Ypsilanti
- Turner Senior Resource Center, Ann Arbor
- WIC, Ypsilanti Site and Satellite Clinics
- Ypsilanti Senior Center, Ypsilanti

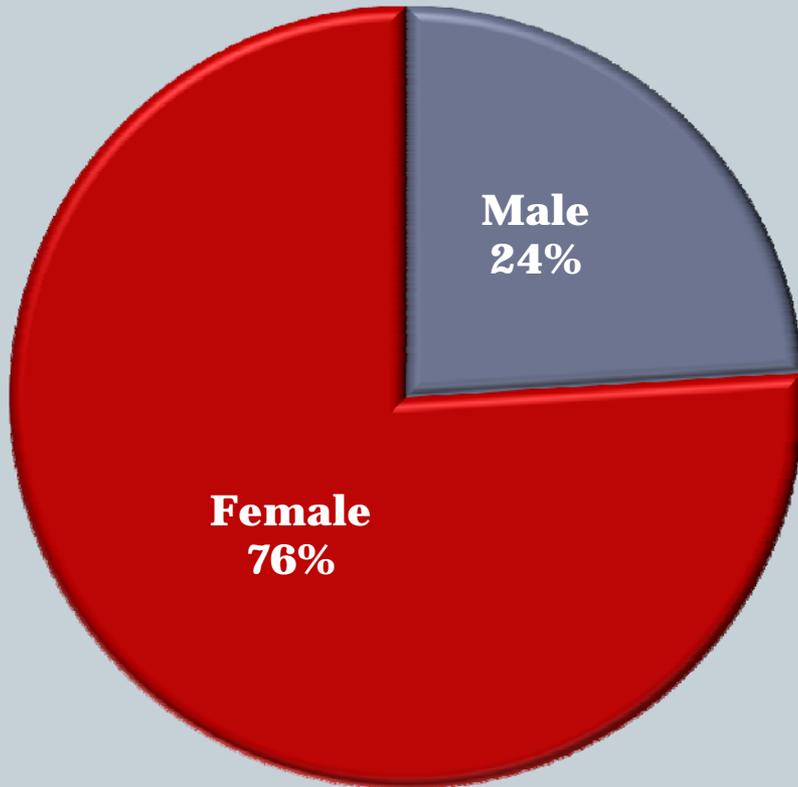
Demographics



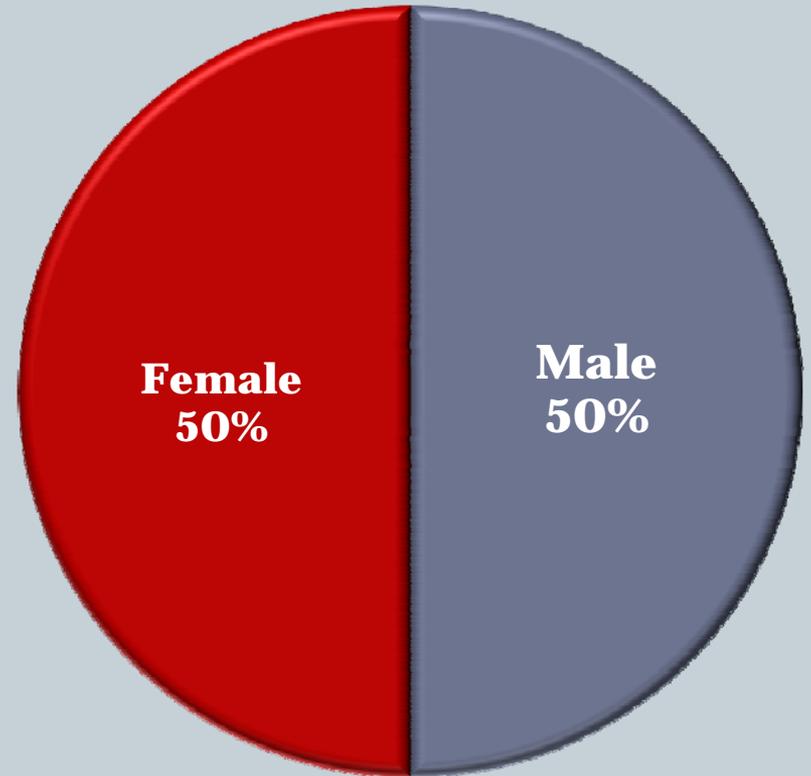
Gender



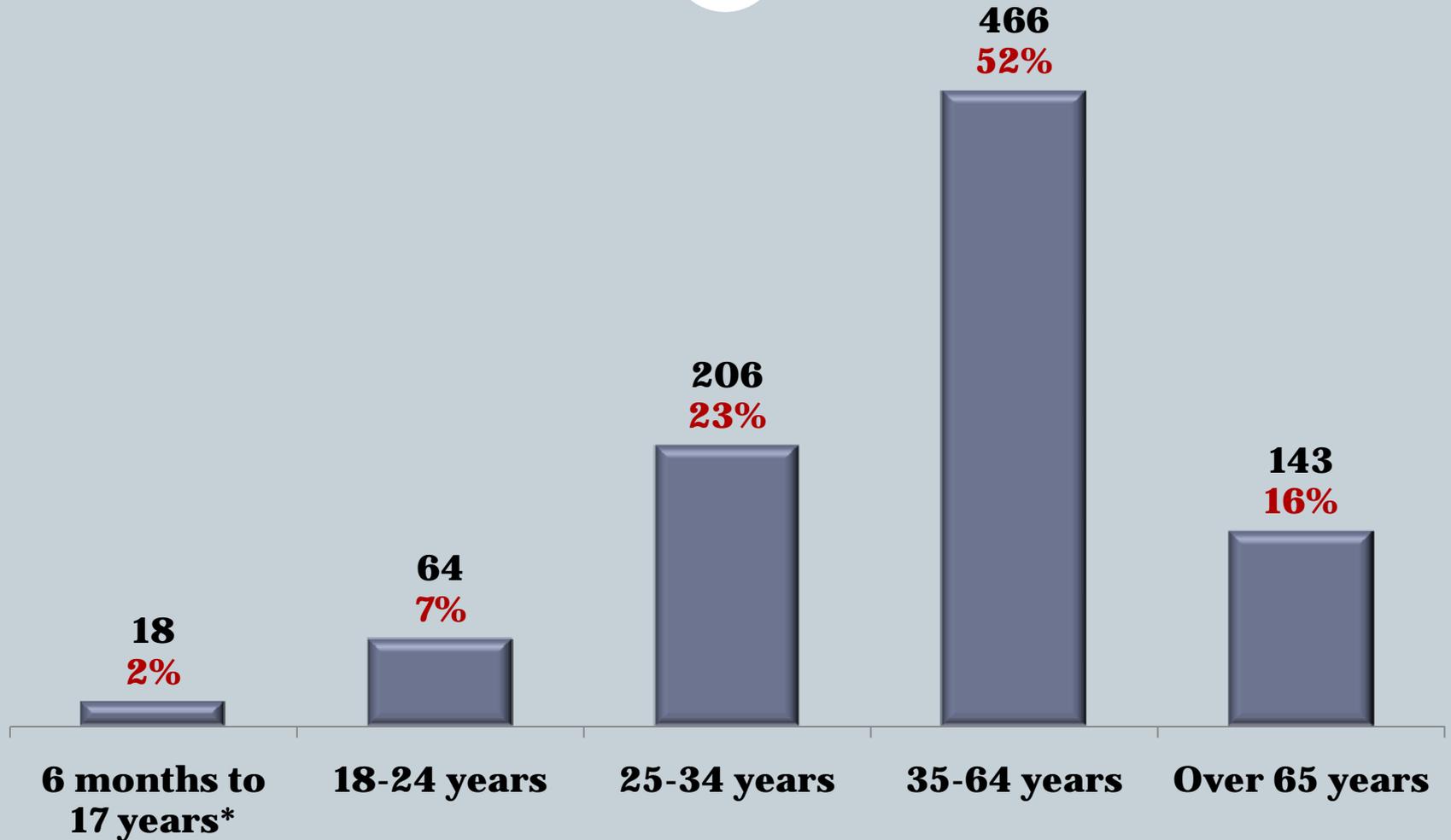
Survey Respondents
(n=910)



2000 Census
Washtenaw County



Age



* Parents/caregivers were asked to complete for children under 18.

Race or Ethnicity



Survey Respondents (n=910)

2000 Census Washtenaw County

Caucasian/white: 69%

White: 77%

African American/black: 20%

Black: 12%

Asian American or Asian: 5%

Asian: 8%

Latino/Hispanic: 4%

Hispanic/Latino: 4%

Arab American or Arab: 1%

Not available

Native American: 2%

American Indian/Alaska Native: 0.4%

Other: 3%

Two or more races: 2%

Where do you live?



Survey Respondents

Ann Arbor: 36%
Ypsilanti: 36%
Saline: 4%
Chelsea: 1%
Dexter: 2%
Whitmore Lake: 0%
Milan: 8%
Manchester: 1%
Salem: 0%
Augusta Twp: 1%
Other: 11%

2000 Census Washtenaw County

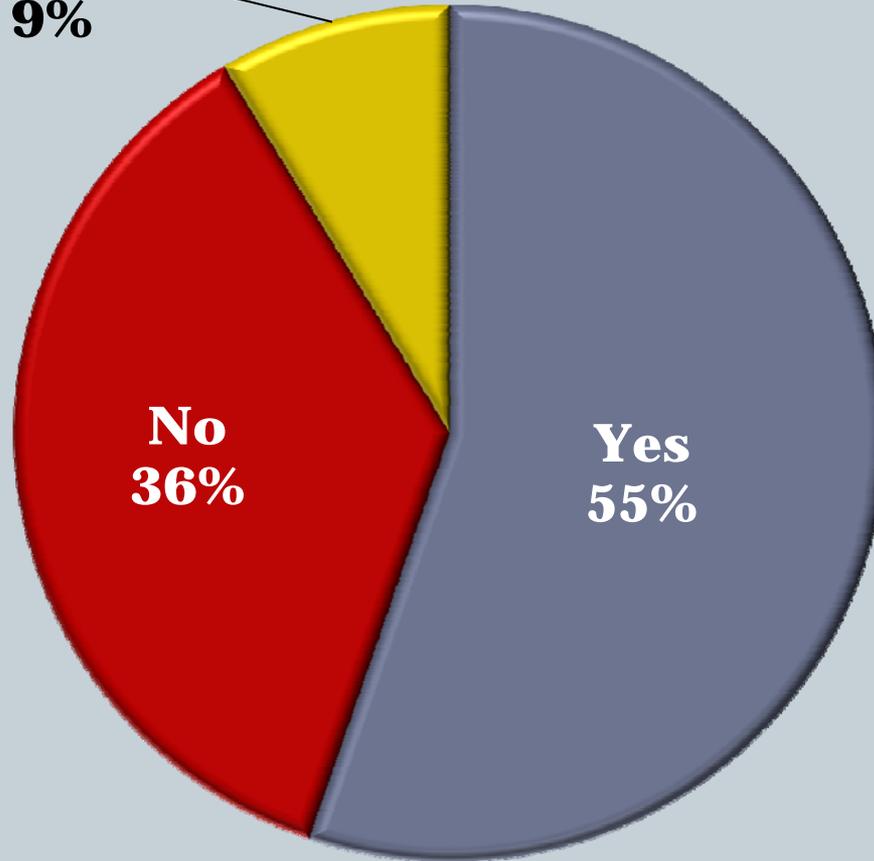
Ann Arbor: 35%
Ypsilanti: 22%*
Saline: 2.5%
Chelsea: 1.4%
Dexter: 0.7%
Whitmore Lake: 2%
Milan: 1.5%
Manchester: 0.7%
Salem: 1.7%
Augusta Twp: 1.5%
Other: 31%

*Percentage for Ypsilanti (22%) includes Ypsilanti City and Ypsilanti Township residents.

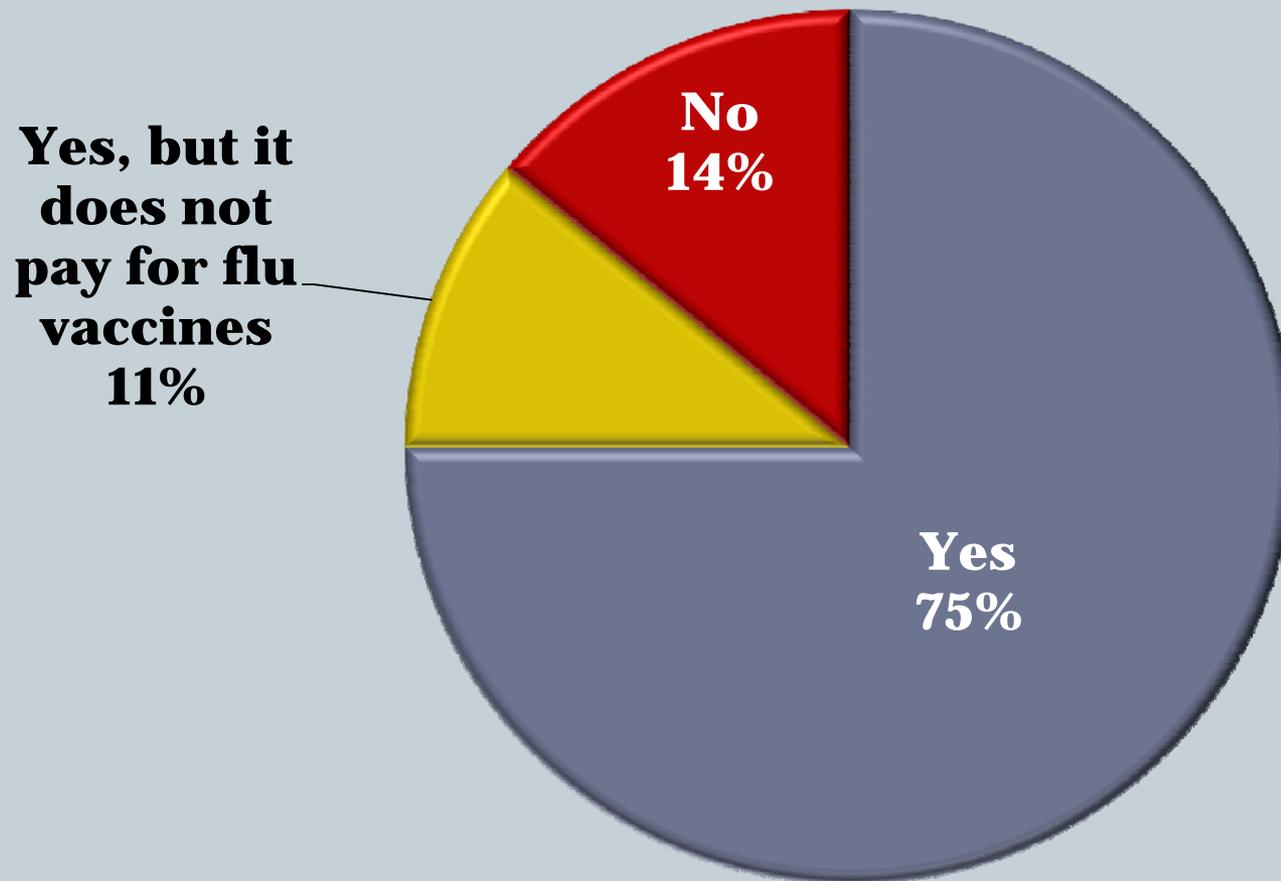
Are you currently working?



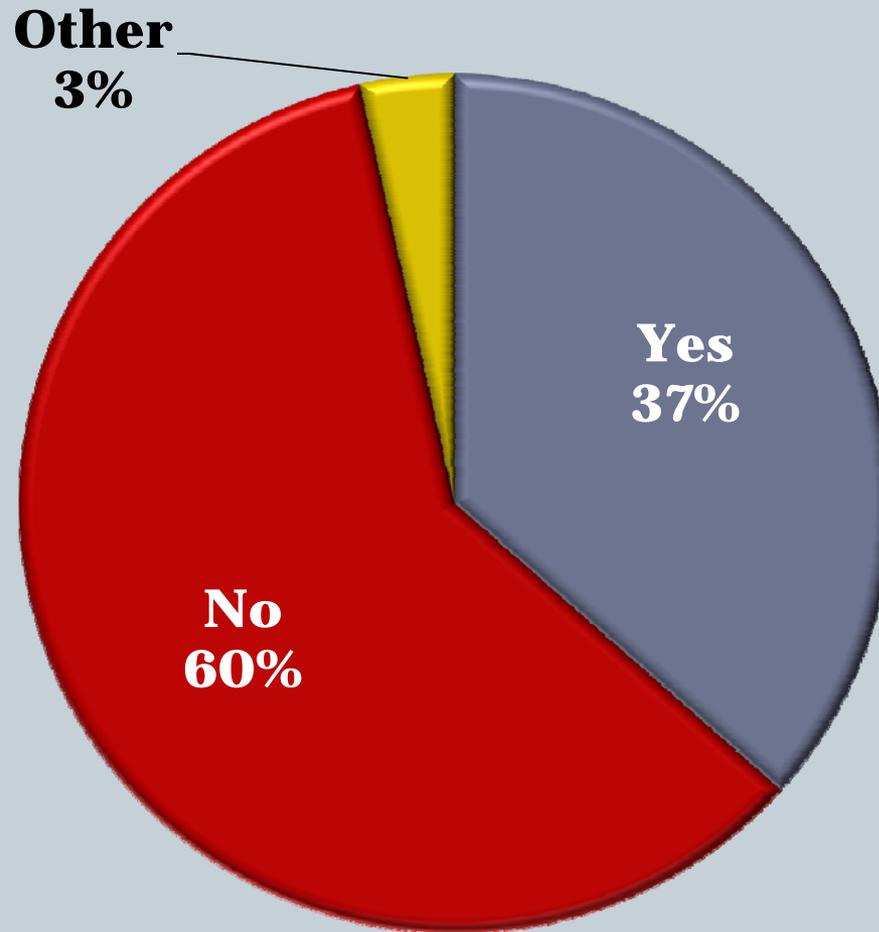
Other
9%



Do you have health insurance?



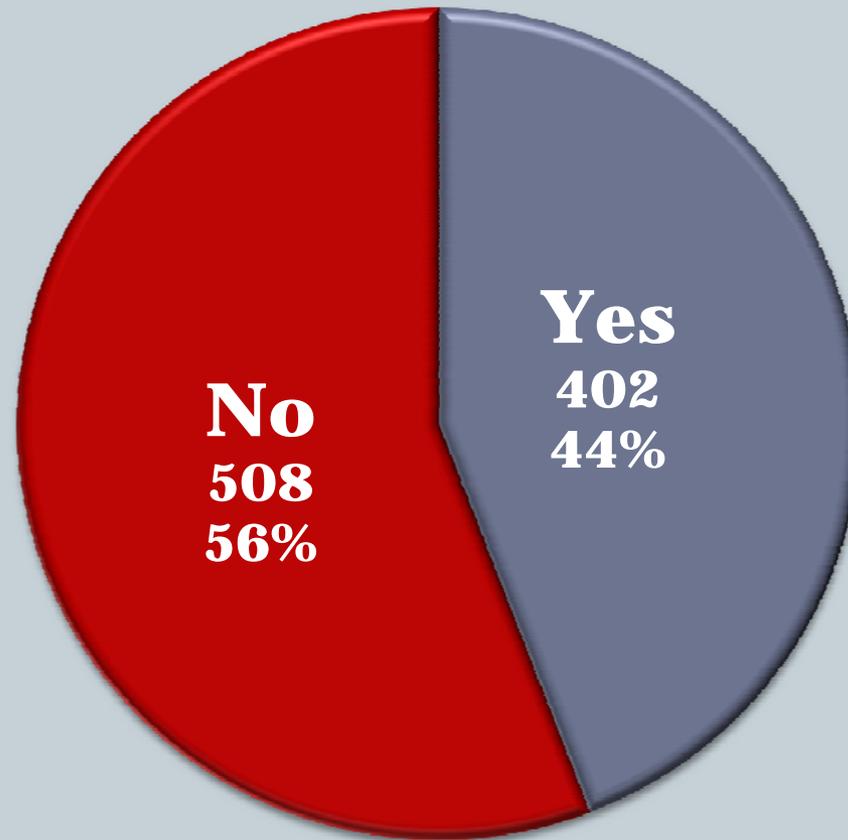
Do you receive public services, for example WIC, Medicaid or Medicare, disability, or others?



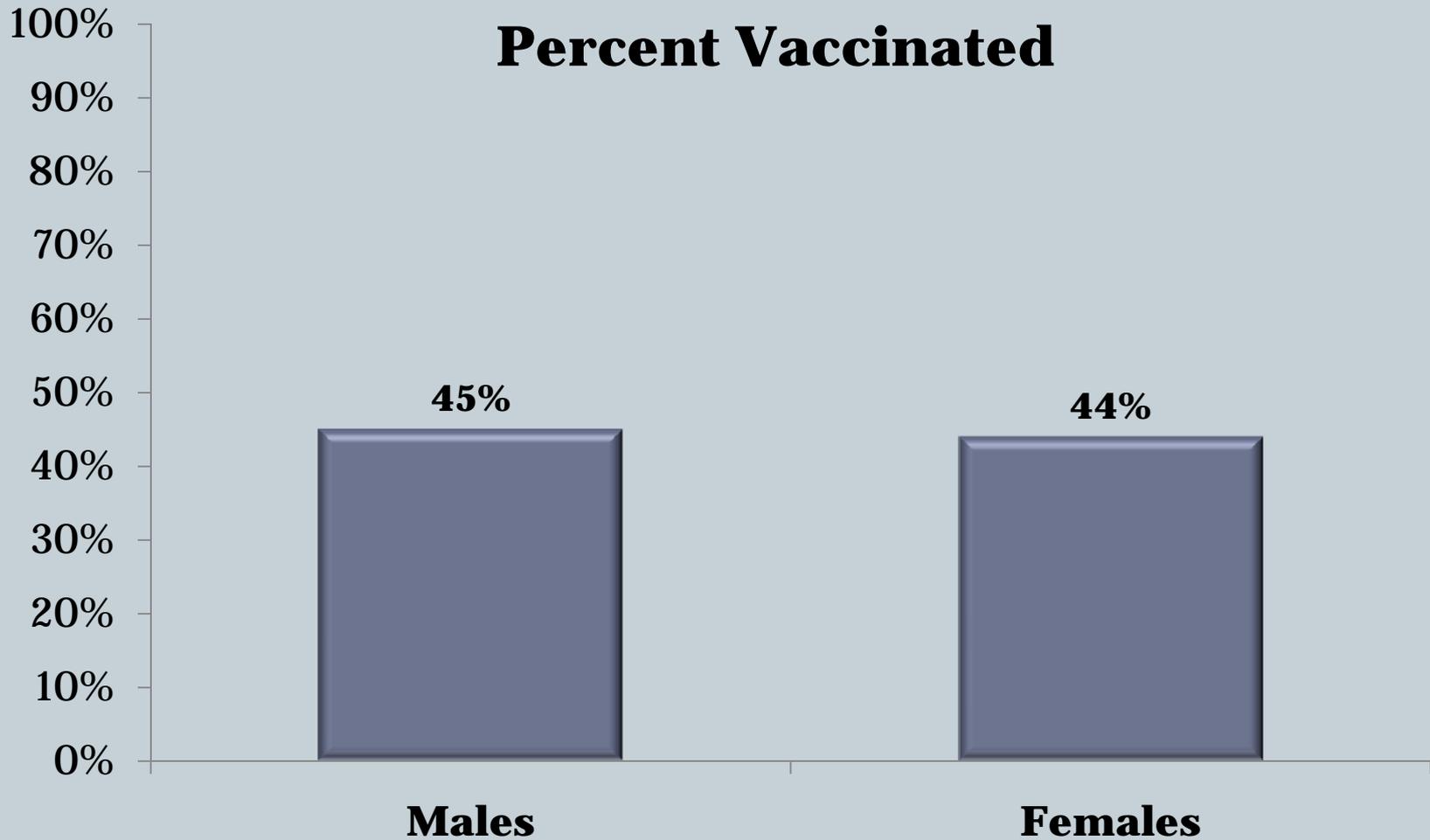
H1N1 Vaccination



Did you get an H1N1 vaccination?



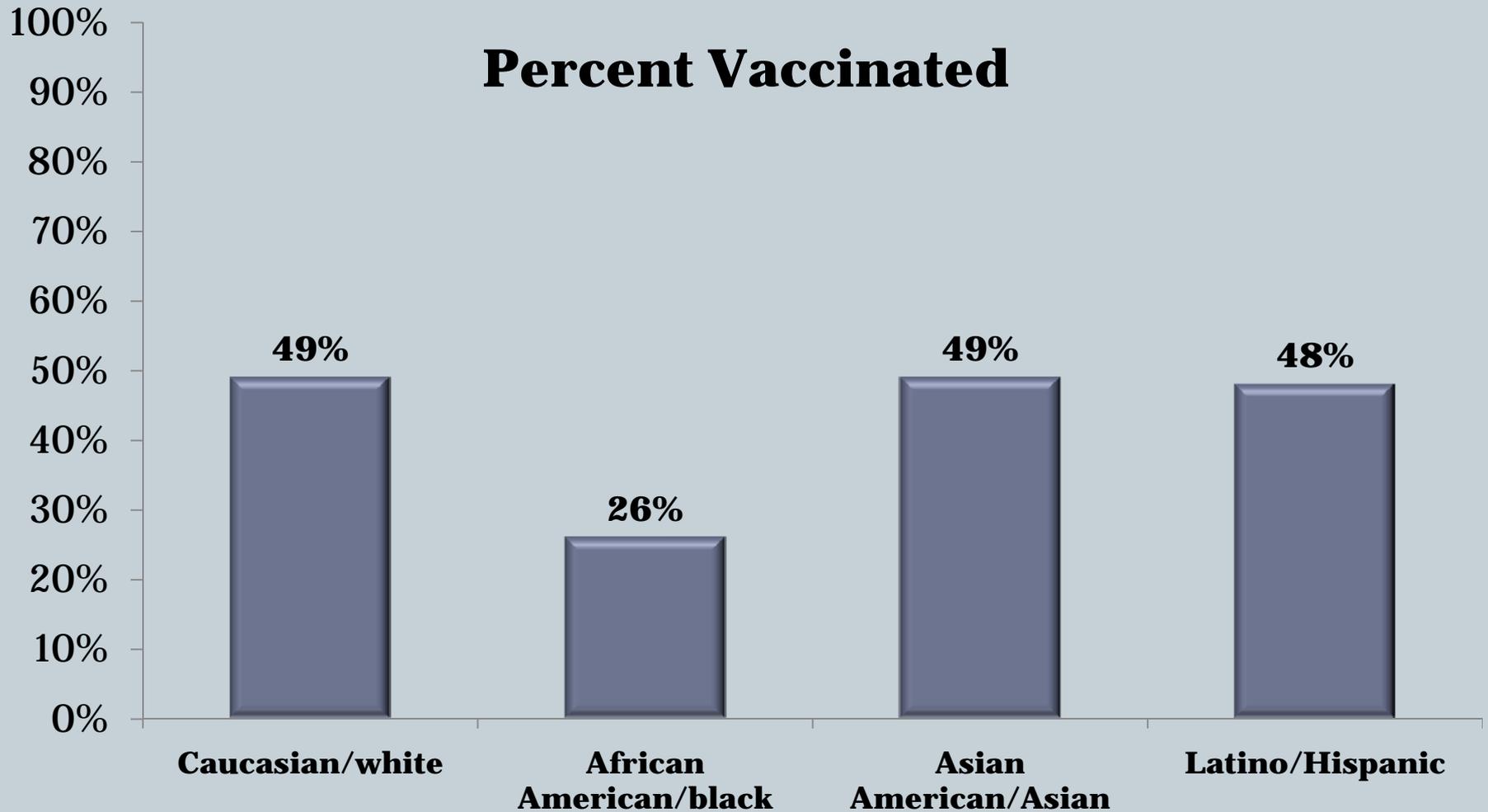
Vaccination by Gender



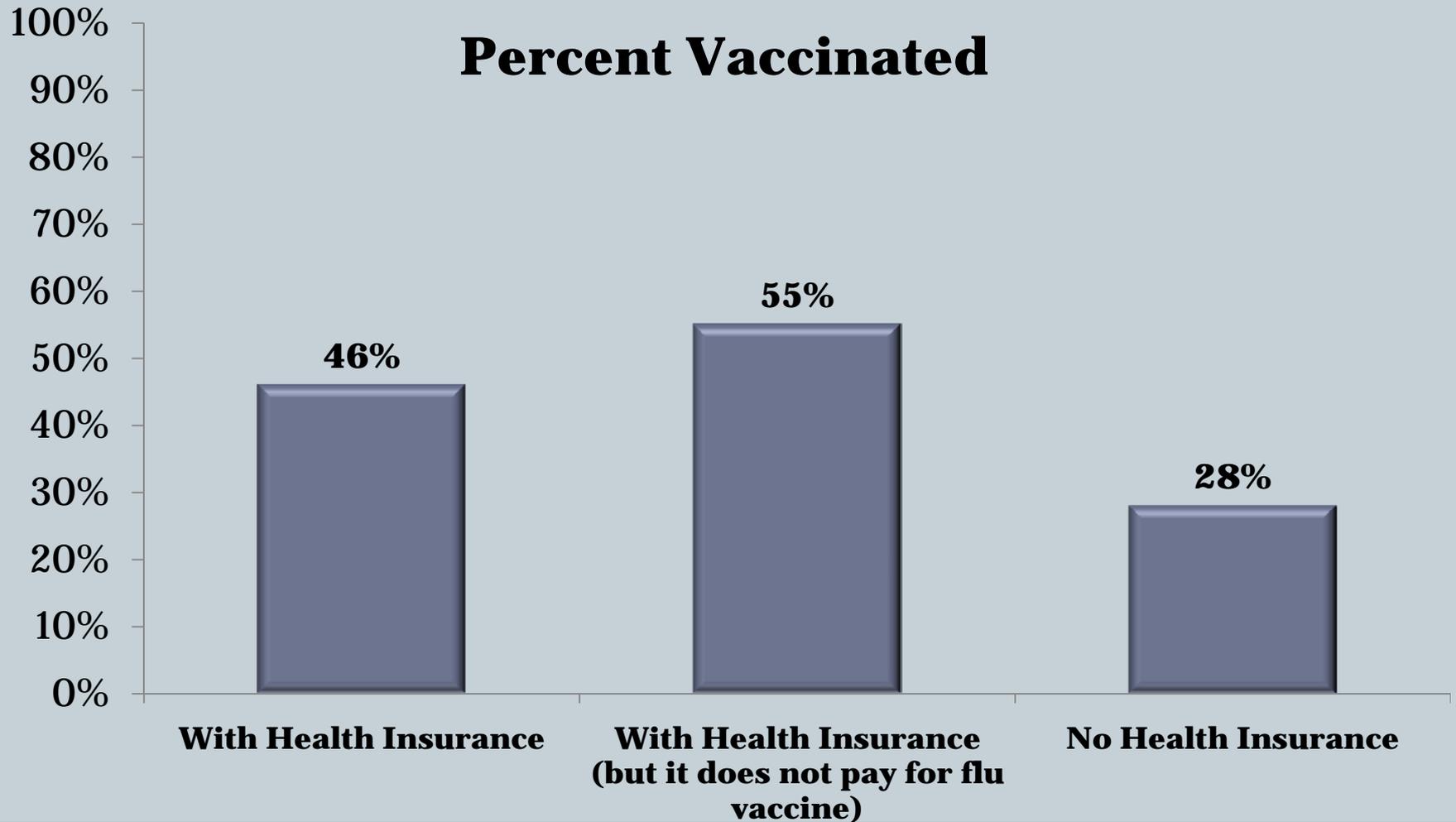
Vaccination by Race



Percent Vaccinated

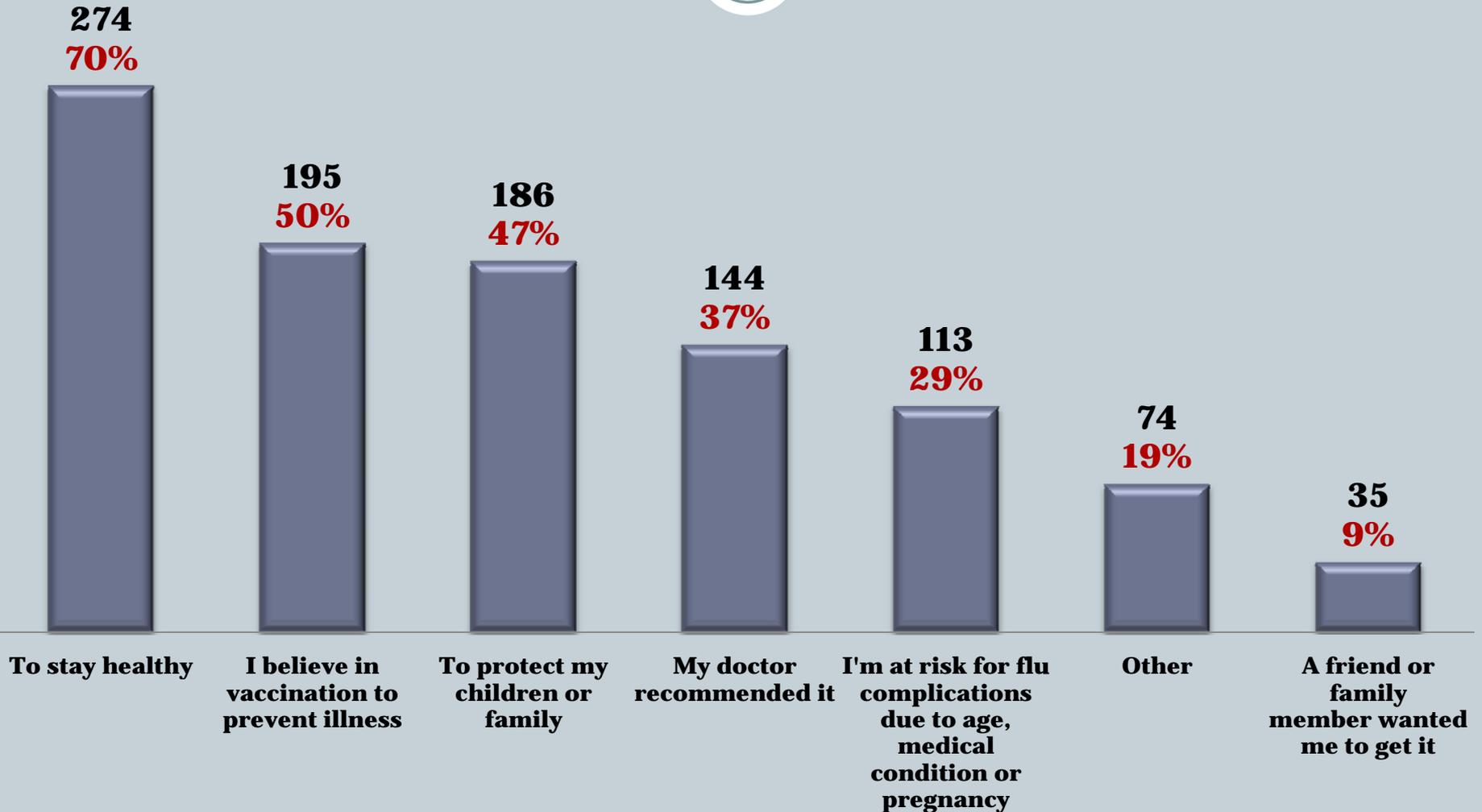


Vaccination by Health Insurance Status

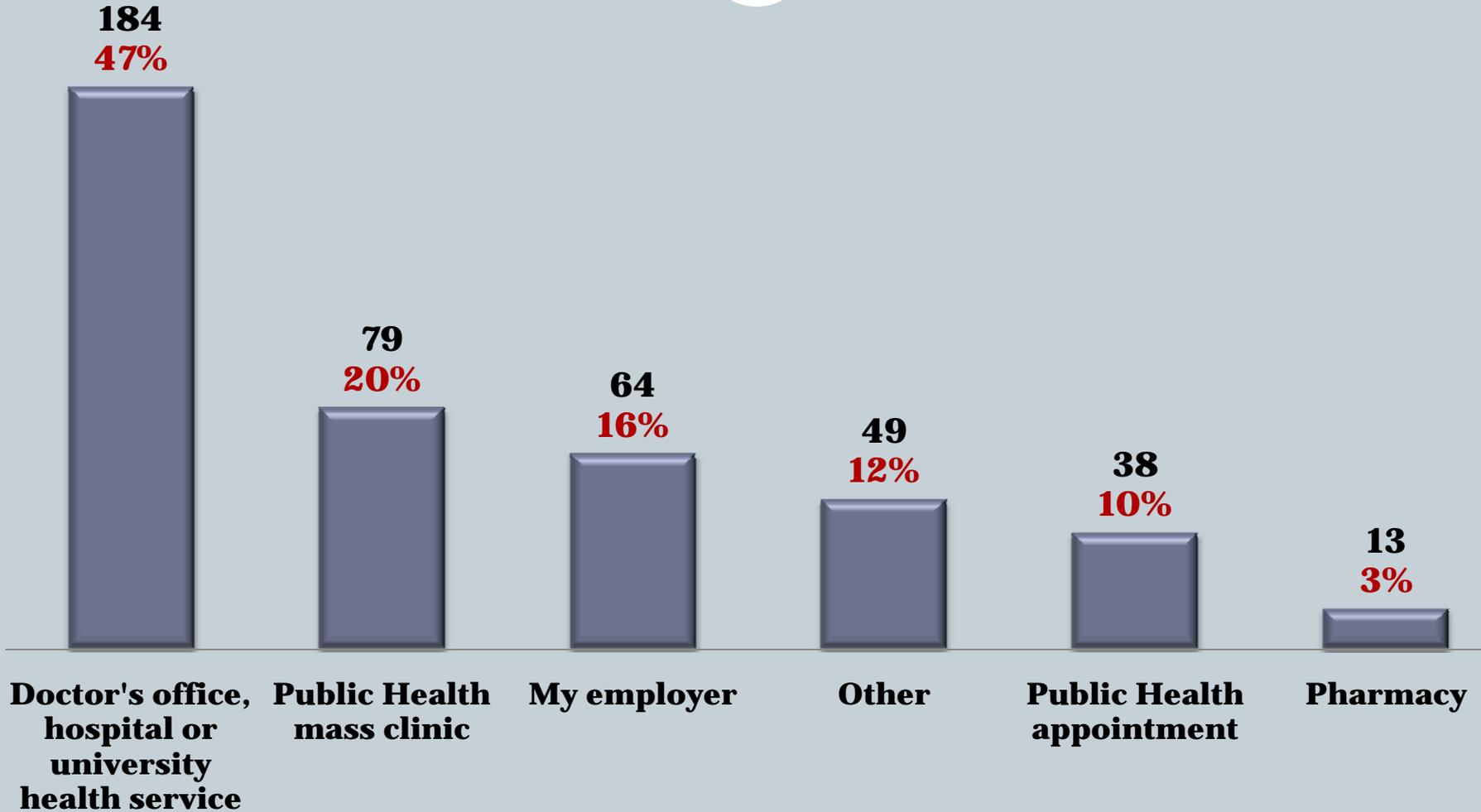


Why did you get an H1N1 vaccination?

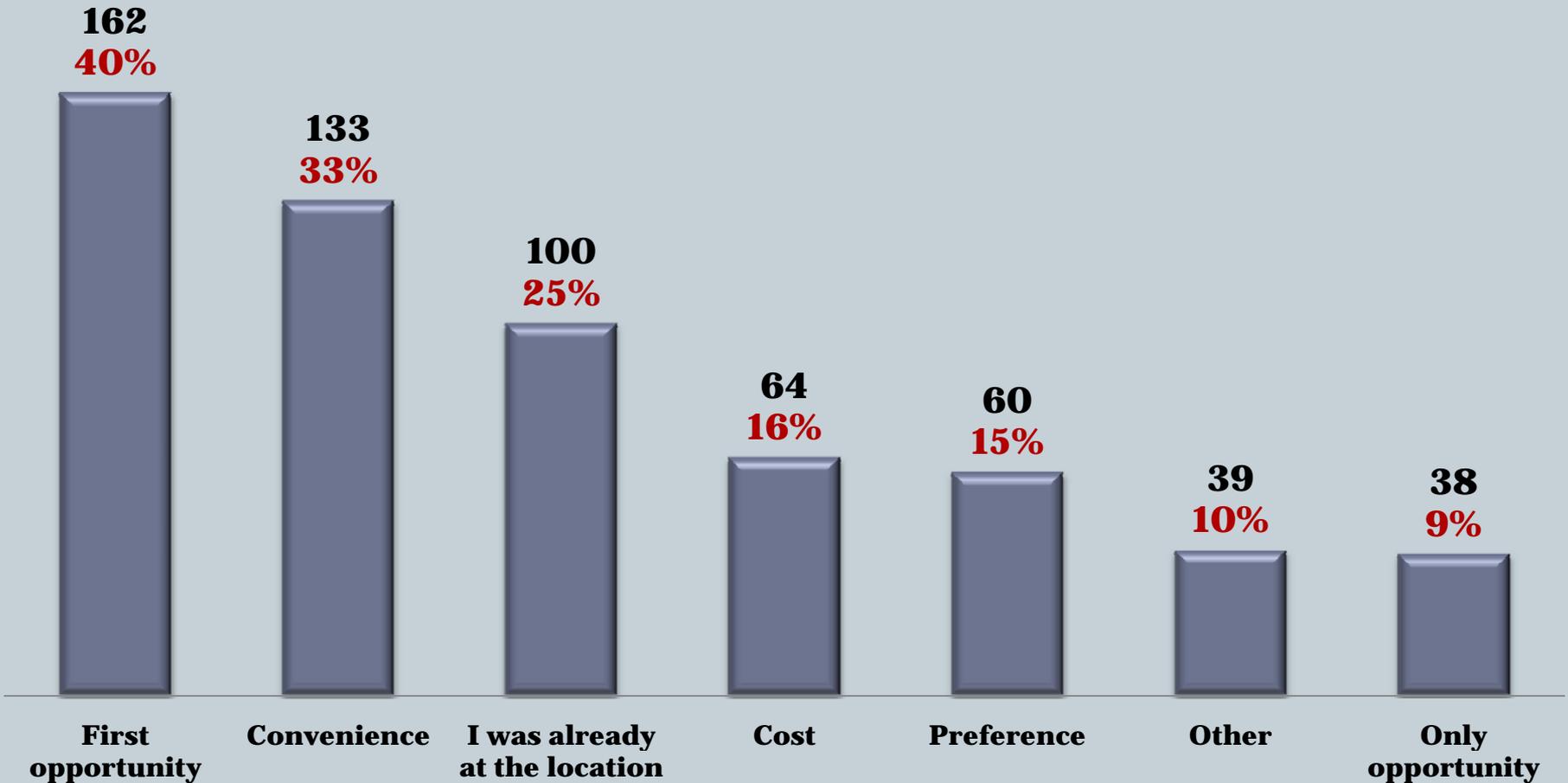
(Please check all that apply)



Where did you get your H1N1 vaccination?

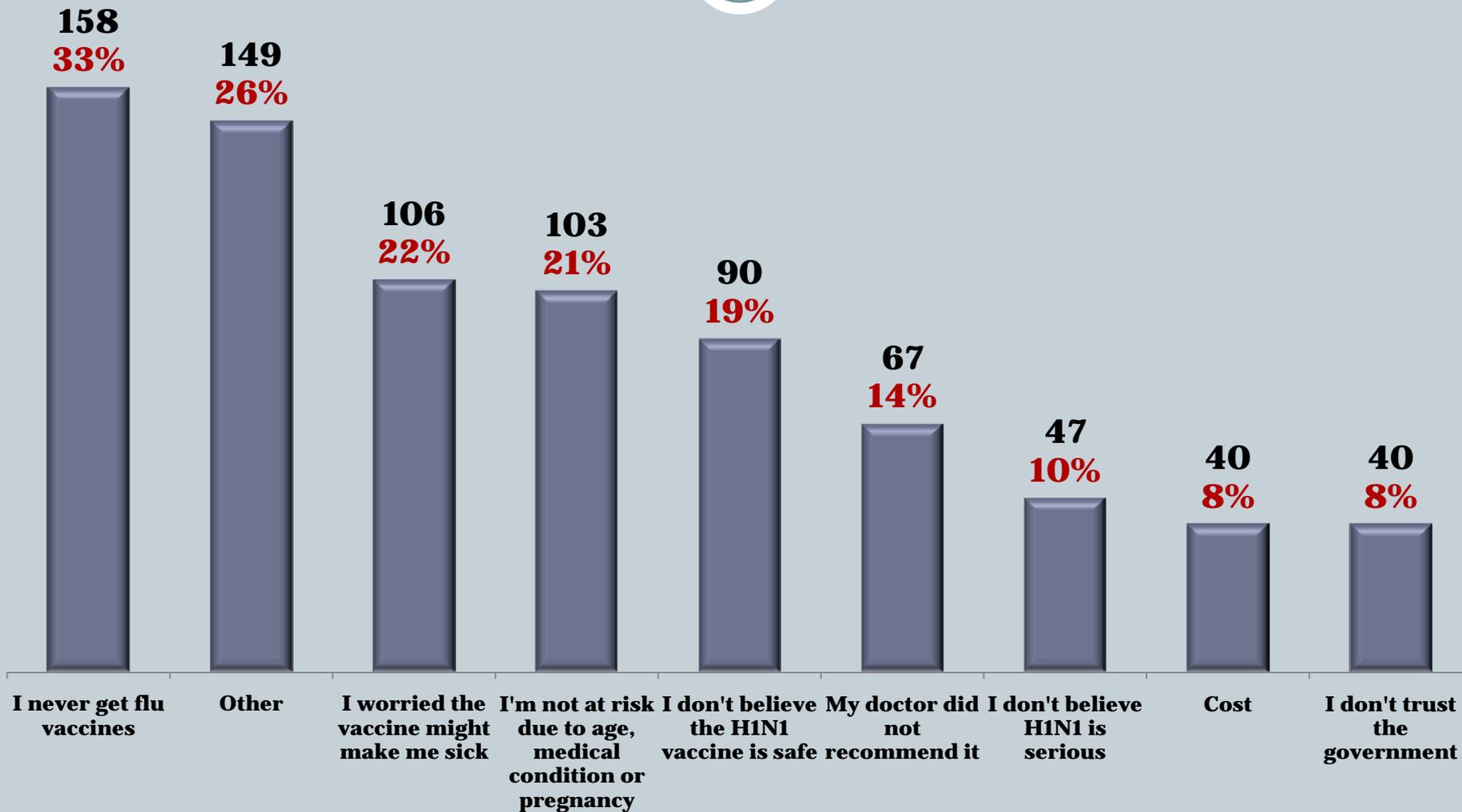


Why did you get your H1N1 vaccination at this location?



Why did you choose not to get an H1N1 vaccination?

(Please check all that apply.)

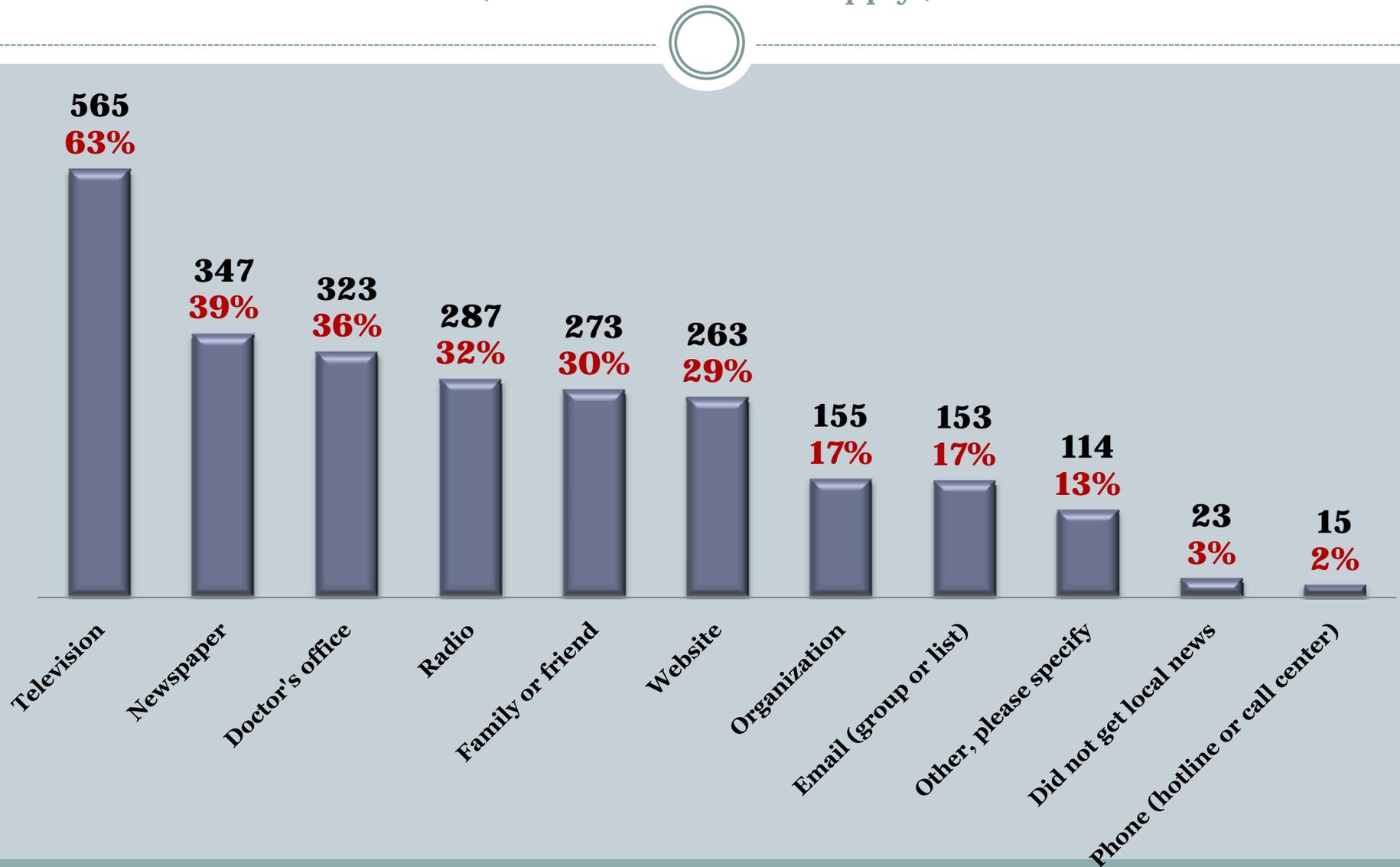


News and Information



Where did you get news about H1N1 in our community?

(Please check all that apply.)



Other Suggestions



- Respondents provided additional suggestions for informing the public about H1N1 and other health-related emergencies:
 - Direct mailing to residents
 - Billboards
 - Signs at bus stops/on buses
 - Flyers around town, including at grocery stores, schools, churches, community organizations, YMCA, etc.
 - Information from schools sent home with children
 - Information sent from employers to employees (not just in the medical field)
 - Goodyear blimp!

Open-Ended Responses

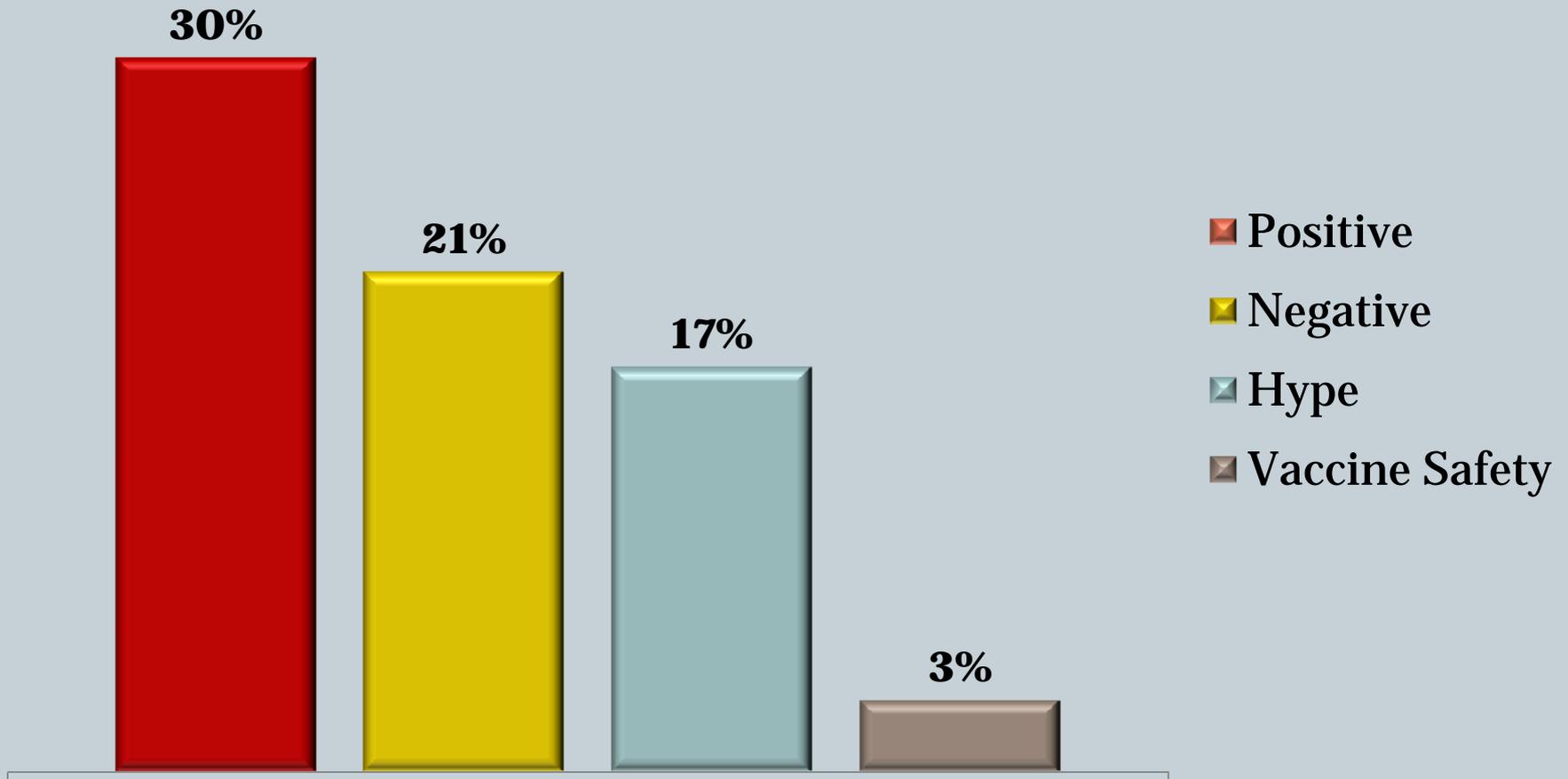


Open-Ended Responses



- **Questions:**
 - Do you have any other comments about H1N1 in our community?
 - Do you have ideas about how Public Health can get important information to you?
- **290 responses**
 - 176 were analyzed after “no” responses excluded
 - Three reviewers independently categorized comments and cross-checked results
 - ✦ **Positive** – generally complimentary, positive comments
 - ✦ **Negative** – generally critical or negative comments
 - ✦ **Hype** – comments indicating the situation was overblown or hyped by media, government, etc.
 - ✦ **Vaccine Safety** – concerns raised about the vaccine

Primary Response Categories: Open-Ended Questions (n=176)



Open-Ended Responses: Positive



- “Great job to all involved who helped the community with this challenge. The evaluation/critiques improved the process with each event for the community.”
- “The mass clinics were well planned and ran smoothly. Great job to all who helped!”
- “I thought the idea of wristbands for people waiting was brilliant.”
- “Only comment is about the clinic at Towner. It was VERY WELL RUN! Even though it was crowded, it ran very smoothly and the wait time was very low.”
- “Your staff clearly worked very hard under difficult circumstances. Kudos to the county’s public health department!”
- “I really am impressed how accessible the WCHD is. I feel confident in cases of future pandemics, disasters or epidemics that our county will be prepared.”

Open-Ended Responses: Negative



- “It was very confusing as to who could get the vaccine when.”
- “Mass clinics concentrated and exposed more people to more illnesses, and were not a good method of reaching elderly and young children who could not stand in line in the cold or who have limitations on when they could come in based on “wristband” order.”
- “I found it VERY frustrating not to have vaccine available for my kids at their doctor’s office... I don’t want to go to public vaccine clinics and wait hours and increase my exposure... I’m glad you offered them, so that uninsured folks could get them, but there should have been better distribution between doctor’s offices and community health centers.”
- “We need the vaccine sooner and at a reliable time. It was very difficult not to have vaccine to go around.”
- “I was and remain pretty sure my kids and I had the H1N1 illness before the first clinics were offered. I was frustrated at how few opportunities there were and would have preferred a more distributed approach.”
- I think the Washtenaw County Public Health’s distribution of the H1N1 vaccine was poorly organized, chaotic and very stressful for families.”

Open-Ended Responses: Hype



- “The panic was over-hyped and caused unnecessary stress and hysteria. It will also cause desensitization to future alerts.”
- “Don’t waste our time and government money on fake emergencies. If you want accurate information, test for the virus... and don’t just assume that because someone has “flu-like symptoms” that they have H1N1... when they really have a cold.”
- “It was hard to separate the hype and scare tactics from the reality. I feel the media did a lot to scare parents.”
- “I believe this was an artificially induced scare to sell vaccinations that were potentially not safe.”
- “We really need to educate people. Not scare them to death.”

Open-Ended Responses: Vaccine Safety



- **Some comments overlapped hype and vaccine safety**
 - “I feel like everyone is over-reacting to the flu... I have no confidence in this vaccine being safe, as it was made hastily and did not go through full clinical testing as drugs are supposed to.”
 - “I would like BETTER information. I do not know anyone who got the H1N1 flu; I saw no evidence it was a problem here. I did get the shot, and it made me incredibly, awfully, terribly, ‘this-is-worse-than-the-flu’ sick... I think the whole H1N1 thing was a media-event that never materialized... Please help me make a better decision in the future...”

Open-Ended Responses: Other



- **Specific situations, requests for information or recommendations**
 - “It would be interesting to know whether flu shots prevented it from becoming the pandemic that was predicted.”
 - “News releases and a public health website that is easy to navigate.”
 - “I feel like it is underestimated in terms of the cases and I’ve heard ‘it wasn’t as bad as expected’ but since doctor’s offices didn’t test for it...”
 - “Be more transparent with information, for example, let the public know the number of doses available at public vaccination events.”
- **Additional or clearer information was requested on the vaccine, prevention, second doses for children and statistics about illness in the community**

Lessons Learned



Lessons Learned



- Using both web-based surveys and paper surveys at community sites worked well and provided a representative sample.
- Paper surveys were easier to use at community sites than laptops, which proved difficult.
- Simplifying some questions complicated analysis (i.e. asking residency by city vs. by zip code).
- Late timing of survey may have hindered overall response and missed certain groups (i.e. students).
- Available incentives likely increased response rate.
 - Drawing created some concerns with potential tax liability for winners and the perception of giving away public funds during tough economic times.
 - Difficulty in contacting incentive winners (i.e. invalid email addresses).
- Heavy reliance on and preference for traditional media (TV, newspaper, radio, mail, etc.) reminds us that these areas need continued emphasis.
- Continue providing education on how to get information *directly* from Public Health during emergencies. Expand options and partnerships.

Acknowledgements



Thank you!



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